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HOLLAND COUNTY COUNCIL
LINCOLNSHIRE.

Annual Report

ON THE
County Health Services

PART 2.

Report

OF THE
Medical Officer of Health

BY

W. G. BOOTH,

M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

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Urban and Rural Districts—Infectious Diseases.

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Tuberculosis—Notifications.

Mr. Chairman, Ladies and Gentlemen,

The County as a whole can regard 1940 as a " healthy " year. The death rate at 11.7 and the infant mortality at 41 are good indices.

We have had our share of scabies, this condition being associated with war circumstances and was not unexpected.

The hospital and A.R.P. services have developed and may be regarded as being in a satisfactory position, but the inroads of the " call up " have been our chief maintenance difficulty.

That our tuberculosis figures are so low is a matter upon which the Council may well be congratulated. This has largely been achieved by continuous development of the anti-tuberculosis services and a gradual improvement in general social conditions. The war must unfortunately be expected to have a restraining influence upon these good results in due course.

The staff have faced up to the difficulties of the work under war conditions in a splendid manner and I am most grateful for their skilful assistance. They are all doing invaluable work.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

W. G. BOOTH.

County Hall,
Boston.

27/9/41.

PUBLIC HEALTH AND HOUSING COMMITTEE

Coun. S. Wain (Chairman).

Ex-officio : Ald. Sir John Gleed, M.A., D.L., J.P.

Ald. W. A. Atton	Coun. R. Leggott
Ald. J. S. Patchett	Coun. A. G. Lenton
Ald. E. Richardson	Coun. C. I. Patchett
Coun. W. E. Anderson	Coun. W. E. Pearson
Coun. G. H. Bird	Coun. P. R. Proctor
Coun. F. T. Booth	Coun. J. C. Rayner
Coun. F. Bowd	Coun. A. E. Reeves
Coun. H. H. Bowser	Coun. A. C. Rysdale
Coun. G. W. Chatterton	Coun. R. Salter, J.P.
Coun. O. Dracass	Coun. J. W. Sampson
Coun. F. Dring	Coun. T. Warrick
Coun. R. M. Fletcher	Coun. J. J. Wilson
Coun. J. Hobster	Coun. E. Wrisdale
Coun. F. Husband-Clutton	Coun. A. G. E. Smith
Coun. B. Killingworth	

TUBERCULOSIS SUB-COMMITTEE

Coun. R. Salter, J.P. (Chairman).

Ald. W. A. Atton	Coun. C. I. Patchett
Coun. F. T. Booth	Coun. J. C. Rayner
Coun. G. W. Chatterton	Coun. A. E. Reeves
Coun. J. Hobster	Coun. A. C. Rysdale
Coun. F. Husband-Clutton	Coun. J. W. Sampson
Coun. B. Killingworth	Coun. S. Wain
Coun. R. Leggott	Coun. E. Wrisdale
Coun. A. G. Lenton	

MATERNITY AND CHILD WELFARE COMMITTEE

Coun. E. Wrisdale (Chairman).

Ex-officio : Ald. Sir John Gleed, M.A., D.L., J.P.

Ald. J. S. Patchett	Coun. R. Leggott
Ald. E. Richardson	Coun. J. D. Mawby
Ald. R. Riddington	Coun. F. Parkinson
Coun. F. T. Booth	Coun. J. C. Rayner
Coun. F. B. Chapman	Coun. J. W. Sampson
Coun. F. Dring	Coun. E. E. Welby-Everard
Coun. R. M. Fletcher	Coun. E. Wrisdale
Coun. F. Husband-Clutton	

with Miss C. E. Banks, Mrs. L. Craven, Mrs. T. Jackson, Mrs. E. A. Lane, Miss E. M. Maples, Mrs. S. Piggins and Mrs. A. C. Rysdale.

STATISTICS AND SOCIAL CONDITIONS OF AREA.

(a) GENERAL STATISTICS.

Area (acres)	267,854
Population (Census 1931)	92,330
Population (Estimated mid-1940)	96,690
Rateable Value for whole County (1st April, 1940)	£357,463
Produce of penny rate for whole County (1939/1940)	£1,403

(b) Extracts from Vital Statistics for the Year.

		Males.	Females.	Total.
Live Births	Legitimate	787	712	1499
	Illegitimate	43	37	80
	Total Births	830	749	1579

Birth-rate per 1,000 population :—16.3.

Deaths from all causes :—1,134.

	Nett Death-rate.	Standardising Factor.	Standardised Death-rate.
Urban Districts	12.8	0.96	12.3
Rural Districts	11.1	1.03	11.4
Administrative County	11.7	—	11.7
England and Wales	14.3	—	14.3

Number of women dying in or in consequence of childbirth	4
Rate per 1,000 total births	2.46
Death-rate of infants under one year of age per 1,000 births	40.8
Deaths from measles (all ages)	5
Deaths from whooping cough (all ages)	1
Deaths from diarrhoea (under 2 years of age)	1

A table of vital statistics for the year 1939 has also been included as the information was not received in time for inclusion in the last report.

BIRTH-RATE.—The birth-rate for 1940 is 16.3 as compared with 16.9 in 1939. The highest rate was in the Boston Rural District, namely 17.2.

Illegitimate births for the year were 5.1 per cent. of the total live births.

DEATH-RATE.—The net death-rate shows an increase as compared with 1939, the figures being 11.7 and 11.0 respectively. The highest rate was in Boston Borough (13.6) and the lowest in the Boston Rural District (10.5). The death-rate for England and Wales was 14.3.

In order to correct the differences of age and sex distribution a standardising factor is used and, corrected in this way, the standardised death-rate for the urban districts of the County is 12.3 and, for the rural districts, 11.4.

INFANT MORTALITY RATE.—The infant mortality rate for 1940 is 40.8 as compared with 47 for the previous year. The rate for England and Wales for the year 1940 is 55.

MATERNAL MORTALITY.—The number of women dying from conditions directly associated with childbirth (including sepsis) was 4. This was a rate of 2.5 per 1,000 births as compared with 3.7 for 1939.

CANCER.—The number of deaths from cancer during 1940 was 183 as compared with 157 in 1939. This figure represents 16.1 per cent. of the total deaths from all causes, compared with 14.7 per cent. in 1939.

The mortality rate per 1,000 of the population is 1.9.

Negotiations for the establishment of the Lincolnshire joint scheme continued throughout the year and have since (in 1941) resulted in an approved scheme.

MAIN CAUSES OF DEATH.—The following table shows the chief killing disease in the County of Holland during 1940.

Disease.	Total number of deaths.
Heart Disease	219
Cancer	183
Cerebral Hæmorrhage	102
Bronchitis	57
Tuberculosis (all forms)	53
Pneumonia	31
Influenza	26

Causes of Death at each age-period and in each district, 1940.

CAUSES OF DEATH	Under 1 year	1 and under 5	5 and under 15	15 and under 45	45 and under 65	65 and upwards	All Ages	Urban Districts		Rural Districts		
								Boston	Spalding	Boston	Spalding	East Elloe
Typhoid and paratyphoid fevers .. .. .	..	..	..	..	..	..	..	..	..	..	..	..
Measles	2	3	..	..	..	..	5	1	..	1	1	2
Scarlet Fever .. .. .	..	..	3	..	..	..	3	..	1	2	..	..
Whooping Cough	1	..	..	..	..	..	1	1	..	..	..	..
Diphtheria .. .. .	..	1	1	1	..	..	3	2	..	..	..	1
Influenza	1	2	..	11	3	9	26	4	7	2	11	2
Encephalitis Lethargica .. .. .	..	..	..	1	..	..	1	..	..	1	..	..
Cerebro-spinal Fever	1	1	1	1	..	..	4	3	..	1	..	..
Tuberculosis of Respiratory System .. .. .	..	..	3	20	16	3	42	12	2	6	11	11
Other tuberculous diseases	2	..	2	4	3	..	11	4	1	1	2	3
Syphilitic Diseases	1	..	..	..	3	..	4	3	..	..	1	..
Cancer .. .. .	..	..	1	14	69	99	183	43	24	41	31	44
Diabetes .. .. .	..	..	..	2	4	7	13	3	3	3	3	1
Cerebral haemorrhage, etc. .. .. .	..	..	..	2	18	82	102	33	14	17	14	24
Heart disease .. .. .	..	..	1	8	46	164	219	66	28	43	38	44
Acute Polio-myelitis, etc. .. .. .	..	..	..	1	..	..	1	..	..	1	..	..
Other circulatory diseases .. .. .	..	..	..	5	1	30	36	11	6	6	2	11
Bronchitis	2	1	..	..	10	44	57	13	3	10	12	19
Pneumonia (all forms)	6	5	1	2	7	10	31	13	3	5	8	2
Other respiratory diseases .. .. .	..	1	1	3	7	6	18	7	2	1	4	4
Peptic ulcer .. .. .	..	..	..	1	8	1	10	3	3	..	1	3
Diarrhoea under two years	1	..	..	..	..	..	1	1	..	..	..	..
Appendicitis .. .. .	..	..	1	1	1	1	4	2	..	..	2	..
Other digestive diseases	2	2	1	4	4	13	26	8	4	6	3	5
Acute and chronic nephritis .. .. .	..	1	..	3	9	13	26	5	4	5	6	6
Puerperal sepsis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..
Other maternal causes .. .. .	..	..	..	4	..	..	4	..	..	1	1	2
Congenital debility, premature birth, etc.	37	1	..	..	..	..	38	8	4	8	6	12
Road accidents .. .. .	..	1	1	6	2	6	16	..	3	2	8	3
Suicide .. .. .	..	..	..	4	8	2	14	3	4	1	4	2
Other violent causes	1	3	3	2	5	9	23	8	1	4	6	4
All other causes	6	6	8	16	24	15	212	46	42	40	41	43
ALL CAUSES	63	28	28	116	248	641	1134	303	159	208	216	248

VITAL STATISTICS FOR THE YEAR 1940.
Urban and Rural Districts.

District.	Area in acres	Persons per acre 1931	Population (mid-year)	Births		Deaths			Deaths under 1 year of age.		Death-rate from Pulmonary Tuberculosis per 1,000 population	Death-rate from all tubercular diseases per 1,000 population	
				Rate		No.	Rate	Standardised death-rate	No.	Rate per 1,000 reg'd births			
													No.	Rate
URBAN.													
Boston Borough	3257	6.9	22280	348	15.6	303	13.6	13.2	16	45.8	.54	.72	
Spalding	7825	1.6	13790	222	16.1	159	11.5	10.8	6	26.4	.15	.22	
Totals for Urban Districts	11082	—	36070	570	15.8	462	12.8	12.3	22	38.2	.39	.53	
RURAL.													
Boston	84408	.2	19800	341	17.2	208	10.5	10.9	13	38.1	.30	.35	
Spalding	87770	.2	18600	298	16.0	216	11.6	12.1	10	32.9	.59	.70	
East Elloe	84594	.3	22220	370	16.7	248	11.2	11.4	20	53.5	.45	.63	
Totals for Rural Districts	256772	—	60620	1009	16.6	672	11.1	11.4	43	42.2	.46	.56	
Administrative County	267854		96690	1579	16.3	1134	11.7		65	40.8	.43	.55	
England and Wales					14.6		14.3			55.0		.68	

VITAL STATISTICS FOR THE YEAR 1939.

Urban and Rural Districts.

District.	Population for Calculation of Birth-rate	Births		Population for calculation of Death-rate.	Deaths		Deaths under 1 year of age.		Death-rate from Pulmonary Tuberculosis per 1,000 population.	Death-rate from all tubercular diseases per 1,000 population	
		No.	Rate		No.	Rate	No.	Rate per 1,000 reg'd births			
											Standardised Death-rate
URBAN.											
Boston Borough	22990	371	16.1	22970	279	12.1	10.4	10	27	1.09	1.35
Spalding	13390	236	17.6	13630	144	10.6	9.2	11	46	.22	.29
Totals for Urban Districts	36380	607	16.7	36600	423	11.6	10.1	21	34	.77	.96
RURAL.											
Boston	19140	355	18.5	19580	221	11.3	10.3	18	51	.31	.46
Spalding	17670	291	16.5	18130	201	11.1	10.3	21	72	.17	.22
East Elloe	22330	360	16.1	22570	220	9.7	9.0	16	44	.35	.35
Totals for Rural Districts	59140	1006	17.0	60280	642	10.7	9.8	55	55	.28	.35
Administrative County	95520	1613	16.9	96880	1065	11.0	—	76	47	.46	.58
England and Wales			15.0			12.1			50		

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

(1) Public Health Officers of the County Council :—

County Medical Officer :

School Medical Officer :

Chief Tuberculosis Officer :

Chief Medical Officer for Maternity and Child Welfare :

W. G. Booth, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer :

J. Fielding, M.D., Ch.B., D.P.H.

Assistant Tuberculosis Officers, Assistant Medical Officers for Maternity and Child Welfare, and Assistant School Medical Officers :

C. W. Dixon, M.D., B.S., D.C.H., D.L.O., D.P.H.

A. C. Gee, M.R.C.S., L.R.C.P., D.P.H.

(Appointed April, 1939).

Betty M. Kennedy, M.B., Ch.B., D.P.H.

Orthopædic Surgeon and Consultant for Maternity and Child Welfare :

R. E. M. Pilcher, M.B., F.R.C.S. (Edin.).

Consulting Ophthalmic Surgeon :

A. H. Briggs, M.Sc., M.B., Ch.B., D.O.M.S.

Consulting Aural Surgeon :

J. J. Rainforth, F.R.C.S. (Eng.).

Medical Officer for Venereal Diseases :

J. Fielding, M.D., Ch.B., D.P.H.

Inspector of Midwives :

W. G. Booth, M.D., D.P.H.

Dental Surgeons :

C. A. Johnston, L.D.S. (Edin.).

A. D. Henderson, L.D.S. (Edin.), D.P.D.

Chief Clerk :

Walter Ingram.

Mr. R. E. Killick, second clerk of the Public Health Department, secured the appointment of Chief Clerk in the Health Department of the Huntingdonshire County Council and terminated his duties on the 14th April, 1940. We were sorry to lose his excellent services. Mr. G. Newham, who had been on our clerical staff previously, and was Chief Clerk of the Boston Borough Health Department, returned to our staff as Mr. Killick's successor. Since that time Mr. Newham has joined the R.A.F. Other members of the staff who have been called up for War Service have been replaced by temporary staff.

In addition to the normal staff, the following have been employed in a temporary capacity :—

J. S. Burns, M.R.C.S., L.R.C.P., Assistant County Medical Officer.

N. Gerson, L.D.S., Temporary County Dentist in the place of Mr. A. D. Henderson (on War Service).

Miss J. D. Oswald, L.D.S., Additional Temporary County Dentist.

Miss N. Woollatt and Miss M. W. Symes on work in connection with evacuees.

Miss E. M. Cook, Temporary Orthopædic Nurse.

(2) **Laboratory Facilities—County Laboratory.** The laboratory facilities have been utilised to their full extent during the year and the following table shows the examinations carried out :—

Throat swab cultures	...	...	...	...	...	1061
Cultures for typhoid group organisms	...	...	...	...	...	63
Cultures, various	...	...	...	...	...	261
Blood cultures	...	...	...	...	...	9
Cultures for Tubercle Bacilli	...	...	...	...	...	27
Cultures for Gonococci	...	...	...	...	...	255
Examinations for Tubercle Bacilli	...	...	...	...	...	427
Cerebro-spinal fluid	...	...	...	...	...	30
Blood counts	...	...	...	...	...	173
Biological tests	...	...	...	...	...	17
Blood Urea and Urine Ureas	...	...	...	...	...	81
Designated Milk	...	...	...	...	...	134
Water Bacteriological tests	...	...	...	...	...	115
Blood sugars	...	...	...	...	...	53
Van den Berghs	...	...	...	...	...	3
Occult Blood	...	...	...	...	...	18

Fractional Test Meal	...	...	...	...	...	25
Widals (separate organisms)	...	...	...	...	...	221
Sputa Typing	...	...	...	...	...	1
Sample smears and deposits	...	...	...	...	...	41
Classification of sugar in urine	...	...	...	...	...	2
Routine Urines	...	...	...	...	...	117
Vaccine	...	...	...	...	...	1
Bleeding, clotting time and fragility test	...	...	...	...	...	4
Worms and ova	...	...	...	...	...	1
Smears for Gonococci	...	...	...	...	...	367
Renal Calculus	...	...	...	...	...	2
Total						3409

(3) (a) County Emergency Hospital, Boston.

Dr. J. Fielding, Deputy County Medical Officer, reports as follows :—

On July 1st, 1940, the Holland County Emergency Hospital was born and E.M.S. cases began to be admitted. With little prior warning we became a general hospital and had to deal with military accident cases, fractures, head injuries and acute medical cases, these cases being admitted to Norton House. Beds not in use are reserved for air raid casualties.

The Emergency Medical Service has meant a burden of work on all departments, especially as the normal County work, which was full-time prior to the war, still had to be done and done efficiently. The surgical out-patients were extended to two sessions per week, 458 attendances being made. The X-Ray department had 276 E.M.S. cases to deal with, the massage department 322 further cases, this latter department was run by a part-time masseuse doing full-time work and a full-time masseuse doing half-time work, the other half being given over to treatments in the patients' own homes. From time to time additional help had to be obtained, which is now not easy to get and recently has been impossible. To cover holiday relief work a full-time masseuse should be appointed for three months each year, in order that those who remain behind doing their own work are not inundated with the inevitable extra work and subsequent loss of efficiency as regards home visiting which is an essential part of follow-up treatment in orthopædics.

Amongst the early cases were three victims of a flying crash and two soldiers brought in dead following a road accident. The mortuary will only hold two bodies, and we have been fortunate so far in never having to deal with three bodies at the same time.

Medical Officers frequently send cases into hospital during the night and at times patients arrive for admission without prior warning. It was deemed imperative therefore to appoint a fully trained night-sister who uses her discretion whether to call me or the Consulting Surgeon. Later on a second day sister was appointed for relief purposes. Norton House of course still remains a residence by construction. There are difficult steps to negotiate at the front of the hospital and inside the hospital. Patients have to be carried on stretchers and negotiated around difficult corners. Unconscious operation cases are brought back to the wards from the theatre on wheeled stretcher trolleys and must journey in the open air, not a very happy arrangement. The question of an internal lift was discussed some time ago and shelved on the grounds of expense.

The theatre was well equipped for orthopædic surgery but we had no instruments for abdominal, head or chest surgery. The first major abdominal operation which was done was a gun shot wound of the liver. The instruments had to be borrowed. The Ministry of Health work so slowly that it was not until 30th July, 1941, they decided to grant us an issue of abdominal instruments, but by then of course, through the good offices of the Sub-Committee we were already equipped to deal with any surgical emergency. Our plans for converting the plaster room into a second operating theatre to cope with a rush of casualties were not viewed with favour by the Ministry of Health.

The majority of Emergency Medical Service cases are military sick. The Emergency Hospital Service has grown from small beginnings. It has been revised and amended, developed and adapted. Each new phase in its career has been ushered in with shoals of circulars dealing with new instructions or cancelling old ones. The basic principle is the setting up of specialised hospitals, e.g., for skin diseases, for injuries to the head, for gastric ulcer cases, and it is to these hospitals that many of our patients, after full investigation, have been transferred. Convalescent depots are also to be made use of. The transfer of patients is not easy, waiting lists are common, permission must be sought from the Hospital Officer, ambulance arrangements made or railway vouchers obtained. We have to be very certain that we are not relying for

information on an out-of-date circular. The Ministry of Health demand full case records and specialist reports, the completion of returns for both in-patients and out-patients, all extra work which has been thrown on to the Steward's department. The latter also acts as paymaster to the soldiers. We have had many visitations by the Regional Consulting Surgeons and Physicians who have thanked us for the manner in which we have carried out the many rules and regulations.

X-RAY DEPARTMENT. This was always well equipped for X-Rays of bones and joints and lungs.

We require now more apparatus valued at £50 so that the plant can be adapted for the screening and X-Raying of stomachs and intestines. This is a new development. We are fortunate in having the services of a consulting radiologist, Dr. Rigby, who makes weekly attendances and as we wish to make full use of his services, the equipment should be provided.

RESUSCITATION WARD. The experience gained by others in the treatment of air raid casualties showed clearly that these casualties always suffer from shock and that the shock must be treated first before surgical intervention can be carried out.

A ground floor ward was therefore equipped as a resuscitation ward and an adjoining linen room was made into a duty room. The ward consists of 8 beds, each bed is always in readiness for the admission of a casualty, the hot water bottles are constantly changed. We have in the ward an issue of radiant heat cradles to impart warmth to the patients, also facilities for blood and plasma transfusion. Each bed has a flowmeter attached to a pipe line for oxygen therapy.

There is one disadvantage, the ward windows are high and do not lend themselves to protection from blast. An ideal arrangement would be the building of a brick wall, the cost of which would be prohibitive. We realize that if the "black-out is lost" then all is lost.

A further development also based upon the experience of others is the construction of a reception ward ; this is now being done. The principle is the correct sorting of casualties; some will require immediate resuscitation, others operative interference, others merely rest and sedatives.

Immediately adjacent to the above is a gas cleansing ward which is almost ready for use. All the nursing staff hold their gas certificates and for months past have had regular respirator drill in the wards. This ward is for stretcher cases only.

The work of the hospital is functioning smoothly. In the event of a blitz with the filling of all the beds, we should be very hard pressed. The first move would be the calling of the services of local doctors. If this was not sufficient we should have to communicate with the Hospital Officer for a mobile surgical team or resuscitation team.

The County is now well stocked with plasma. Up to date 400 donors have given one pint of blood each. On the whole the general response of donors was only moderate.

HOLBEACH EMERGENCY HOSPITAL.

Dr. C. W. Dixon, Medical Officer-in-charge, reports as follows on the working of the Holbeach and District Emergency Hospital for the period 1/8/40 to 1/5/41.

“This Hospital is housed in the buildings previously used as the Holbeach Casual Wards. It is in every way extremely suitable for the purposes as few alterations have been necessary.

The Hospital was opened as a Group II unit—75 beds—on the 1st August, 1940. No equipment was supplied by the Ministry of Health until the middle of October, 1940, this waiting period being covered by borrowing supplies, equipment, etc., from various institutions in the County. This has now all been returned and full equipment has been devised and acquired from various sources.

There are 75 beds in use and it is possible, and equipment is available, for a further 25 beds (if in use for a short period). The Casual Ward beds and mattresses are used and although the beds are not of regulation hospital size, they are all-metal, easily cleaned, comfortable and greatly superior to those supplied by the Ministry, which are not in use and are kept in store.

STAFF. The staff consists of one Medical Superintendent, Dr. Dixon (part-time), and for the first four months of working he was the sole Medical Officer doing duty. This necessitated working 12 hours a day and seven days a week. This was the period when

active organisation and equipping were carried out, and it has required very considerable time to be devoted to it. For the past five months, Dr. Burns has very ably assisted; here again, mostly in the evenings and on Saturdays and Sundays as his time is otherwise occupied with County work. Within the last three months we have been greatly assisted by Lieut. Smith, R.A.M.C., who has done some general surgery and has helped us to keep the hospital almost continually staffed with a Medical Officer on the premises or within very easy call. Dr. Hunter, of Holbeach, is also available for A.R.P. work when necessary, so that a team of four Medical Officers could be available if required. So far, the three have sufficed. The special qualifications of each also fits in very satisfactorily and each Medical Officer is therefore used to the greatest advantage.

The Nursing Staff commenced with two trained nurses and six auxiliaries. This has now grown to four Sisters (trained), two Assistant Nurses and twelve auxiliaries. A policy of only employing those competent and willing has been rigorously pursued. All nurses are appointed on one month's trial and, particularly with the auxiliaries, this preliminary period has given ample opportunity for observing whether they are likely to make good nurses, due allowance being made for the shy and nervous or those generally slow at grasping knowledge.

The Medical Officers give the auxiliaries two hourly lectures a week and demonstrations of Post Mortems, etc., are arranged as available. Pressure of work, unfortunately sometimes interferes with these.

The Superintendent of the Casual Wards acts as Steward, does the clerical work and supervises the work of the porters, etc. All correspondence, circulars, etc., are card indexed. As on discharge the patients' notes are sent to the Records Office, an abstract of these is made and filed at the Hospital, and a duplicate is sent to the patient's unit or civilian doctor, as the case may be.

There are four porters and one stoker, and between them the porters' lodge and telephone switchboard are manned continuously and the heating plant (in the winter months) stoked by day and night.

The cooking is in the hands of a cook-housekeeper, who also supervises the work of the kitchen maid and the general maids. Some of the scullery work is done by convalescent patients.

One of the Sisters is designated Sister in Charge, but there is no Matron, all heads of sections being directly responsible to the Medical Superintendent.

None of the medical or nursing staff is resident, most of the latter are billeted close at hand.

THE OPERATING THEATRE has convenient and direct access from the preparation room and anæsthetic room, and is provided with operating table, operating lamp, (x) silent sucker apparatus, (x) emergency lighting for same, (x) head lamp leads, (x) sinks and improved spray fittings, bowl stand, instrument and dressing trolleys.

The preparation room is provided with cupboards, steam bowl sterilizer (old potato boiler moved from kitchen), electric bowl sterilizer (domestic copper), and combined steam and electric instrument sterilizer. A tank for water has been fitted up outside to provide soft water for the sterilizers. Emergency lighting is provided. The anæsthetic room contains various chests of drawers and cupboards for instruments, stores, etc., a wheeled trolley, Boyle's apparatus, etc. An E.N.T. examination lamp and table is provided for examination and treatment of in- and out-patients.

The whole theatre now functions very satisfactorily—cases can be treated rapidly in succession.

Within this period, from the 1st August, 1940, to the 1st May, 1941, 60 general anæsthetics have been given and about 30 cases have been operated on under local anæsthesia, but practically all the work has taken place within the last four months.

LABORATORY. A laboratory has been fitted up for bacteriological and chemical work, etc. Equipment includes an incubator, microscope with moving stage and oil immersion lens, hand centrifuge, chemical stains, etc. All patients have their urine tested on admission and all cases of membranous tonsillitis have bacteriological examination of membrane from throat. Immediate examination is also made of cerebro-spinal fluid in cases of suspected meningitis, etc. A number of white cell, red cell and differential cell counts have been done. This has proved invaluable as the distance and postal delays interfere with the usefulness of the County Laboratory at Boston.

A blood transfusion service has been set up and blood grouping is performed at the Hospital and at various village First Aid Posts, etc. 125 persons have been grouped and W.R. reactions done, and 45 persons have been bled for the plasma pool. Fourteen pints of plasma are available and more is expected.

An admission and resuscitation ward is arranged. This contains seventeen beds, oxygen pipe line (x) and supply for five beds, with flowmeters and taps (x) for individual control. Brackets are arranged along the walls for supporting bottles for blood and plasma transfusions. Sterile dressing packets, morphia syringes, etc., are kept in the ward always ready. All beds are kept aired with hot-water bottles and two beds are kept warm continuously night and day as emergency admission beds. The ward is kept at a temperature of about 70° F. Satisfactory ventilation can be maintained as desired.

(x) These items have been improvised by and from materials either wholly or partly provided by the Medical Officers.

STAFF ROOMS. One room has been set aside as a duty room for the Sisters and Medical Officers, and the writing of notes, abstracts, etc., is done here.

One room on the ground floor has been furnished as a sitting-room for the auxiliary nurses. This has been made comfortable and is provided with an electric fire, and is a useful alternative to their billets.

It is hoped that a slight alteration in the decontamination unit will allow one shower-bath to be made available for these auxiliaries. This will be of use to those who find bathing a difficulty in their billets, and also will be useful after taking strenuous recreation, such as tennis, etc., in the local park.

A small room has been set aside for the maids to have their lunch in, and the porters' room is sufficiently convenient for the porters to have their meals in.

A bicycle stand has been fitted up under cover and this prevents damage to the nurses' machines and helps to keep the out-buildings tidy.

Part of the original sanitary block on the ground floor has been partitioned off and a new doorway made from the corridor. No plumbing alterations were necessary and therefore the cost has been very low. Two W.C.'s are thus provided, one for the nursing staff and one for the maids.

LIGHTING. All wards, recreation, duty and other important rooms have indirect lighting reflected from the ceilings. This is attained easily and cheaply by fitting "gimbal shade carriers" in an inverted position, using the existing fittings and shades, etc. Particularly in the wards is this of great value as a direct glare is extremely trying to the patients' eyes. Emergency lighting is provided in the operating theatre, preparation room and anæsthetic room, etc.

Emergency lighting is provided by a bank of old car batteries acquired from local garages, and charged through a trickle charger. Arrangements have also been made to keep this battery charged from the motor cars of the Medical Officers if the mains should be interrupted for any length of time.

A satisfactory supply of hurricane lamps is available and maintained on hooks which are fitted on the walls to carry them. Whenever the hospital goes into "action" at night, these are kept alight so that no confusion would arise if the electricity failed.

"BLACK-OUT" is by means of cloth fixed above the windows and rolled up when not in use and held up by a pivoted hook which is simple, unobstrusive, and does not damage the cloth. The black-out, even on the darkest night, appears quite satisfactory.

MORTUARY. By simple partition work costing about £16 and utilising doors removed from other parts of the hospital where they were not required, a substantial brick-built mortuary has been made from part of the wood chopping "shed." This has a good smooth concrete floor and electric light, and a number of post-mortem examinations have been made.

DISPENSARY. A small room on the second floor has been adapted for use as a dispensary. Minor alterations to existing shelves were done by the Hospital porter and a sink and water supply were fitted. Dispensing is done by two volunteer pharmacists from Messrs. Boots, Holbeach. Rigid economy is exercised both in dispensing and in the use of expensive drugs.

The dispensary acts as a store for all drugs, oxygen, plasma, etc., not in actual use.

MINOR TREATMENT ROOM. A small room on the first floor, which was already fitted up with shelves has been found to be suitable for minor treatment of skin cases, etc.

BATHROOMS. By moving two baths, there is now a bathroom on each floor, each is also equipped with a number of lavatory basins so that ambulant patients can perform their ablutions out of the ward.

FIRE. All wards, corridors, etc., are provided with sand bags, and there are fire buckets and stirrup pumps. Two improvised ladders have been made, one at each end of the building, and already fixed in position under the trap door leading into the roof space. The lower end is held up from the ground by a rope and can be instantly lowered for use. Notices are affixed in conspicuous parts of the building so that ambulant patients are conversant with the position of all fire fighting materials and procedure to be adopted in case of fire.

COMMUNICATION. Two telephone lines are available, one of which is secret. Four extensions are in use and are extremely valuable. A messenger is available living close at hand if the telephones are out of order.

WORK DONE. The period from the 1st August, 1940, to the 1st May, 1941, has shown gradual development from a convalescent hospital treating only minor cases to a complete unit capable of doing acute medical and surgical work.

					Patients admitted.
Service	...	...	...	...	420
Civilian	...	...	...	...	34
Evacuees	...	...	...	...	11
					<hr/> 465 <hr/>

Out-patients seen and/or treated (mostly Military) — 65.

THE FUTURE. It is hoped that by the time this Report is presented, the Ladies' Section of the local St. John Ambulance Brigade will have presented us with the loan of a Victor D.3 mobile X-ray unit for the duration of the War.

HOLGATE HOUSE, BOSTON.

With the concurrence of the Ministry of Health, the County Council established a central hostel at Holgate House, Boston, in July, 1940, for special cases and, in this way, it has been possible to provide adequate supervision and treatment for the particular disabilities. The Council also took over the King's Cross Hostel, at Donington, but this was closed in August, 1940, after which all cases were accommodated at Holgate House. The following cases were dealt with in the hostels administered by the County Council:—

Condition.				No. of cases.
Bed wetters	...	...	...	28
Scabies	...	...	...	15
Unruly children	...	...	...	12
Minor Ailments	...	...	...	6

AIR RAID PRECAUTIONS.

The figures below show the number of persons who have taken First Aid examinations for A.R.P. purposes in 1938, 1939 and 1940. It will be appreciated that many other people have also taken courses for their own private information.

Numbers of Persons in the Parts of Holland (Lincs.) who have taken First Aid Examinations for A.R.P. Purposes.

AREA.	1938.		1939.		1940.	
	Men	Women	Men	Women	Men	Women
Boston Borough	—	85	125	229	77	68
Boston Rural District ..	—	—	161	252	52	58
Spalding Urban District	15	—	62	153	22	41
Spalding Rural District	—	—	103	140	50	21
East Elloe Rural District	14	33	140	193	48	48
Total for County Area	29	118	591	967	249	236

To have over 2,000 persons take such a course in our small county is no mean achievement, and reflects well the spirit of the people. On all sides one has met a desire to widen their knowledge in any way which might be of value to their country. 1939 was actually the peak year, but there is a strong current of feeling that revision and practice are necessary, and many people have taken second and third examinations.

We are, of course, mainly indebted to the County liaison officers, Mrs. Tunnard, Miss Harvey, Mr. Enderby and Mr. Molson, for the organisation of these courses, and the Red Cross and St. John Societies have thrown their whole weight behind the efforts which have been made. The courses have been most interestingly presented and we were fortunate in having such excellent lecturers in the county.

AMBULANCES—FIRST AID PARTIES, ETC.

The ambulance service consist of 21 full-time ambulances and such commercial vehicles as could be mustered together in an emergency. We were fortunately allowed by the Ministry of Health to retain our original establishment of whole-time vehicles owing to the small number of auxiliary vehicles available for duty. The ambulance personnel are all volunteer unpaid women. These women have given many hours freely to the cause of civil defence. In Boston Borough they have taken over the driving of the St. John Ambulances and those who are free for this duty are on call 24 hours a day once a week. Without the help of these drivers the civilian ambulance service would have by now almost ceased to function.

The full-time establishment of First Aid Parties is 3 parties, the third of which was not appointed until 12th September, 1940. The establishment of part-time First Aid Parties is 25.

The whole-time First Aid Party, judged in the County to be the most efficient team, took part in the Regional competitions at Nottingham on 26th October, 1940. This Party gained second place although in the First Aid part they received 86 points out of a possible 90.

The team representing the part-time parties gained third place in the Regional competition on 27th October, 1940. These results are very good.

INFECTIOUS DISEASES.

From the 9th February, measles and whooping cough were included in the list of notifiable diseases. These regulations are enforced by the local Sanitary Authority. Certain cases of cerebro-spinal fever occurred and the memorandum on the subject prepared by the Ministry of Health was circulated to all practitioners.

Acute Poliomyelitis. 6 cases were reported during the year and there was 1 death.

Smallpox. No case of this disease occurred during the year.

Whooping Cough. 139 cases were notified, 58 of which were in the Spalding Urban District.

Diphtheria. The number of cases of diphtheria notified was 55 compared with 212 in 1939, and 112 in 1938.

Under the County maternity and child welfare scheme immunisation may be carried out by private practitioners for children of 1 years to 1½ years of age. 55 children were immunised in this way. In addition 129 children under 5 years of age were immunised at the County Welfare Centres. Immunisation is being continued at school inspections whenever parents wish to take advantage of these facilities for their children.

The number of deaths from diphtheria was 3.

Erysipelas. 26 cases were notified.

Enteric Fever. 9 cases were notified, 8 of which occurred in East Elloe. There were no deaths.

Pneumonia. 66 cases of pneumonia were notified, a decrease of 8 on the previous year. There were 31 deaths.

Encephalitis Lethargica. Two cases of this disease were notified.

Puerperal Pyrexia. 9 cases were notified, 7 of these being in the area administered by the County Council for maternity and child welfare. 5 cases received institutional treatment.

Measles. 707 cases were notified. The main incidence was in the Spalding Urban District where 299 cases occurred. There were 5 deaths.

Ophthalmia Neonatorum. 9 cases of ophthalmia were notified ; all made good recoveries without loss of vision.

Infectious Diseases notified in Holland County for the year ending 31st December, 1940.

Disrict.	Cerebro-Spinal Fever.	Whooping Cough.	Diphtheria.	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Pyrexia.	Encephalitis Lethargica	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Pneumonia.	Poliomyelitis.	Measles.	Total.
Urban Districts.															
Boston	3	19	26	3	63	1	2	—	1	14	5	25	—	74	236
Spalding	—	58	7	7	34	—	1	1	3	7	8	11	—	299	436
Rural Districts.															
Boston	1	32	6	3	96	—	2	1	2	9	5	7	1	129	294
Spalding	1	12	13	9	30	—	3	—	1	3	5	10	—	103	190
East Elloe	1	18	3	4	11	8	1	—	2	12	4	13	—	102	179
	6	139	55	26	234	9	9	2	9	45	27	66	1	707	1335

All the Sanitary Authorities are included in a Joint Board. The ordinary cases of infectious disease are accommodated at Boston. The Fleet Isolation Hospital is reserved for smallpox.

SCABIES.

This matter has been carefully investigated by Dr. Dixon and, on the material which went through his hands at the Holbeach Emergency Hospital, he presented a very able paper to the East Midland Branch of the Society of Medical Officers of Health at Nottingham early in 1941. As a result of this work, a special Committee has been formed in the East Midland area to investigate the problem further. Dr. Dixon is taking a leading part in the work of this Committee, which is co-operating closely with Dr. Mellanby, who is investigating scabies on behalf of the Ministry of Health.

The Holbeach Emergency Hospital figures were—86 evacuees and local children.

Boston Institution—5 adults and 14 children.

Spalding Institution—3 children.

County Emergency Hospital Annexe, Boston—6 adults.

The gradual increase in the number of scabies over recent years at the Minor Ailments Clinics may be due to either an increase of scabies or an increase in the Minor Ailment Clinic facilities. Personally, I incline to the latter view. The figures were 4 in 1931, 5 in 1932, 2 in 1933, 14 in 1934, 16 in 1935, 22 in 1936, 12 in 1937, 22 in 1938, 14 in 1939 and 35 in 1940. This shows a definite jump in 1940 and, unfortunately, this has continued to increase in 1941. Beds have been made available at the Annexe Hospital, Boston, for cases which cannot be treated at home and a careful watch is being kept on the position. In this connection the scabies in the forces must be taken into account. The Health Visitors are of opinion that scabies arises mainly among children whose fathers in the forces have recently been on leave. Investigation is continuing.

VACCINATION.

The table on the following page shows that in 1939 (the last year for which complete statistics are available) only 8.8% of the children whose births were registered during the year were vaccinated. This is a slight increase on the percentage for the preceding year.

VACCINATION—RETURNS MADE BY VACCINATION OFFICERS.

Return respecting vaccinations of children whose births were registered from 1st January, to 31st December, 1939, inclusive.								Preliminary return for the year 1940.	
Registration Sub-District.	Births Registered	Successfully vaccinated	Insuscep- tible of vaccination	Conscien- tious objections	Died un- vaccinated	Removals	Not accounted for	Successful primary vaccinations	Conscien- tious objections
Boston Urban	393	34	—	350	7	2	—	27	315
Boston Rural	311	37	—	263	11	—	—	24	185
Holbeach	120	11	—	106	3	—	—	13	108
Long Sutton	180	19	—	151	4	6	—	20	157
Gedney Hill	33	1	—	28	2	2	—	—	24
Pinchbeck	52	1	—	42	5	—	4	—	36
Donington	36	2	—	34	—	—	—	1	41
Gosberton	63	5	—	51	3	4	—	4	49
Spalding and Cowbit	239	7	—	192	11	19	10	10	200
Moulton	52	3	—	44	5	—	—	5	45
Deeping St. Nicholas	35	2	—	32	1	—	—	2	23
Crowland	49	14	—	31	—	4	—	8	42
Totals	1563	136	—	1324	52	37	14	114	1225

MATERNITY AND MIDWIFERY SERVICES.

Midwifery Service. The following is a summary of the work carried out by the County Council midwives during the year :—

District	No. of visits				Total number of visits
	Ante-natal		De-livery	Lying-in	
	Home	Clinic			
Boston, Wyberton and Fishtoft	927	765	265	4347	6304
Tydd St. Mary and Sutton St. James	134	—	14	265	413
	1061	765	279	4612	6717

The number of midwives who notified their intention to practice within the County during 1940 was 58, all of whom were trained women. This of course covers changes and relief duties. The number practising at the end of the year was 34. Routine, in addition to special inspections, were carried out during the year. Medical aid was sought by midwives in 393 cases, the classification being as follows :—

PREGNANCY.

Ante-partum haemorrhage	12
Abortions	14
Swelling of legs	9
Albuminuria	12
Miscarriage	11
Other conditions	48

LABOUR.

Malpresentation	20
Excessive bleeding	10
Retained placenta	8
Ruptured perineum	88
Delayed labour	49
Other conditions	20

LYING-IN.

Rise of temperature	...	...	...	...	...	19
Other conditions	...	...	...	...	...	12

CHILD.

Dangerous feebleness	...	...	...	...	...	20
Inflammation of eyes	...	...	...	...	...	20
Stillbirth	...	...	...	...	...	7
Other conditions	...	...	...	...	...	14

CONSULTATIONS.

During 1940, 29 maternity cases were referred to the Consultants for the following conditions:—Transverse lie 3; Small pelvis 6; Hyperthroidism 1; Pelvic contraction 5; Ante-partum hæmorrhage 1; Rachitic pelvis 1; Hyperpieses 1; Heart disease 2; Fistula 1; Vomiting 1; Diabetes 1; Prolapsed cord 1; Occipito-posterior 1; Puerperal pyrexia 3; Others 1.

DENTAL TREATMENT.

During the year, 19 cases were treated by the County dentists. 22 cases in which dentures were necessary, were treated by private dentists under the Council's scheme and contributions recovered in accordance with the scale.

INFANT LIFE PROTECTION.

The visitation and supervision of children maintained for reward by foster-parents is undertaken by the County Health Visitors. At the close of the year, there were 10 such children in the charge of 8 foster-parents.

Children boarded out by the Public Assistance Committee received frequent visits from the Health Visitors.

MATERNITY BEDS.

67 cases were dealt with at the Spalding Institution and there seems little doubt that a strong demand is present for increased maternity bed provision.

11 cases were dealt with at the Boston Institution.

A maternity home was licensed, after appeal from a refusal to licence by the County Council, by the Long Sutton Bench of Magistrates. This home has 3 beds for maternity cases, is managed by the local district nurse—Nurse Chapman. It is a three-storied house in a row of old houses and knowing the large amount of work at present undertaken by the District Nurse in her district it was considered unsuitable for a maternity home by the County Council. Their view was later confirmed by a Ministry of Health Inspector but, in view of the legal position, no further action appears at the moment possible.

Difficult midwifery cases are admitted by special arrangements into Boston and Lynn Hospitals. During the year 39 such cases were dealt with in the Boston General Hospital and 2 in the West Norfolk and King's Lynn Hospital.

At a recent conference at Spalding to discuss the need for maternity bed accommodation in that area, a strong point was made by the practitioners of the district that a Maternity Home was needed where women could have their own doctors to attend them at their confinements. On the surface this argument might appear to have some weight, as it is the usual practice of the well-to-do to employ a doctor and a nurse at a confinement in their homes. Whether this is necessary or always desirable is a matter of opinion. The following figures do, however, throw some light on the position in this area:—

Total births in 1941	1326
Cases attended by Midwives only	903
Cases attended by Midwives and Doctors	345
P.A. Institutions	78

As the standard and practice of the midwives increases in the area, there seems an increasing tendency for the pregnant women to avail themselves of their services and dispense with the services of a doctor. No doubt a maternity home run efficiently would equally meet the needs of many women whose homes are unsuitable for confinements and the present increase in midwifery practice would transfer to Institutional cases.

During the year efforts have been made to find suitable premises for a County Council Maternity Home and negotiations are still proceeding to this end.

INFANT WELFARE CENTRES.

The work at the Centres has been continued throughout 1940 as before. The introduction of the National Dried Milk at a cheaper price has been of great benefit, but it has meant the rigid application of income scales, whereas previously some latitude was allowed to the Health Visitors in assessments.

The National Dried Milk was not greatly welcomed at first, as the advertising of the large dried milk firms still had a considerable influence over the mothers. By some pressure on our part, the demand for National Dried Milk has been stimulated and our sales have increased. There is still a large demand however for proprietary brands in spite of the extra 6d. a packet cost.

The work of the voluntary committees has been of the greatest value at the Welfare Centres and, in spite of many other claims upon their time, we have always been most fortunate in keeping our helpers. In spite of rationing difficulties we have been able to continue the "cup of tea" at most of our Centres. This is greatly appreciated especially by mothers who have a long distance to travel with their children to the Clinics.

Immunisation is urged upon all mothers of young children and this side of the work has recently received much impetus from the drive and publicity of the Ministry of Health.

The infant mortality rate of 40.8 per 1,000 births is one of which we might well be proud and compares very favourably with the best in the country.

The urban district of Spalding with its excellent maternity and child welfare provision has the phenomenal rate of 27.0 per 1,000 births. This must surely be a record for the country, and I should like to express my appreciation of the excellent work done by Dr. B. M. Kennedy (now Mrs. A. White) and the capable Health Visitors and Midwives working in the area. We are sorry to have lost Dr. Kennedy's services, but it is pleasing to know that she is still in our district and available in time of need.

Considerable thought and time was given during the year to the consideration of the advisability of establishing certain day nurseries for the benefit of mothers doing land work. After much discussion with various bodies, such as the War Agricultural Executive Committee, the Ministry of Health and the Women's Institutes, it was decided not to proceed with the matter at present.

The Long Sutton Infant Welfare Centre was transferred to the Church Hall from the 28th June, 1940. A payment of £30 a year is made in respect of its use for this purpose.

The Clinic figures are as follows:—

	Crowland	Donington	Holbeach	Kirton	Long Sutton	Spalding	Sutton Bridge	Swineshead	Wraggle
Number of Sessions ..	52	52	52	52	52	105	52	52	52
NEW CASES—									
Mothers	58	75	84	50	64	305	76	34	61
Children under 1 year	54	72	93	43	71	254	60	36	53
Children over 1 year	11	25	23	21	16	71	32	17	24
OLD CASES—									
Mothers	1738	1409	1779	862	2244	3297	1133	1081	780
Children under 1 year	802	753	988	352	1196	2143	659	556	317
Children over 1 year	625	687	966	538	1356	1581	700	595	202
No. of Consultations	253	325	501	413	490	1553	282	434	385
No. of ante-natal attendances	—	—	1	5	—	480	—	—	—

By arrangement with the Boston Corporation, mothers and babies resident in the County area may attend the Boston Infant Welfare Centre. The attendances at this Centre during the year were:—

New cases attending Centre	58
Attendances of children under 1 year	448
Attendances of children over 1 year	251

HEALTH VISITING.

A total of 19,502 visits was made by the County Health Visitors to children under school age, namely 8,858 to children under 1 year of age, and 10,644 visits to children between the ages of 1 and 5 years.

INSPECTION AND SUPERVISION OF FOOD.

FOOD AND DRUGS ACTS.

Various difficulties were encountered during 1940 in the application of the Food and Drugs Act which in normal times do not arise.

Transport of samples to analyst:—This presented a problem, road and rail transport being tried at different times, but in each case, especially towards the end of the year, in spite of packing milk in ice boxes, the delay was so great that milk samples invariably arrived at the analyst's premises in such a condition that the Hortvet Freezing Test for definite proof of added water, as opposed to merely extraneous water, could not often be applied, thus depriving the Sampling Officer of very useful evidence for instituting a prosecution.

The return of empty sampling boxes from the Analyst for future use was delayed by transport in the same way, the Analyst's premises also suffered some inconvenience due to enemy action.

Rationing of various foodstuffs necessitated the Sampling Officer being issued with ration books to enable him to purchase such articles. The difficulty of obtaining certain types of unrationed foodstuffs still remained, however, this being due to retailers keeping such articles for their regular customers and being unwilling to sell to strangers, i.e. the Sampling Officer, whereas if he declared his identity the element of surprise sampling was immediately lost and the retailer put on guard. Special regard also had to be given to the restricted amount of feeding stuff available for dairy herds when considering the action to be taken in cases of milk samples failing to come up to the peace-time standard requirements for milk constituents.

Samples for the year totalled 334, the nature of all samples taken are listed as follows:—Milk 247, Butter 15, Margarine 2, Dripping 7, Lard 1, Sugar 12, Potted Meat 2, Tinned Fish 2, Tinned Cream 1, Tinned Peas 3, Sausages 2, Dried Egg Powder 1, Fish Cakes 1, Fish Paste 1, Mincemeat 1, Egg Substitute Powder 2, Soup (canned) 1, Vegetables (canned) 1, Tomato Ketchup 1, Cocoa 1, Coffee (ground) 4, Ginger (ground) 1, Almonds (ground) 4, Arrow-root (ground) 1, Oatmeal 1, Pepper 1, Custard Powder 1, Rice (ground) 3, Sweet Spirit of Nitre 4, Tincture of Iodine 4, Soda Bicarb 3, Borax 2, Camphorated Oil 1.

Action taken with regard to Samples reported as being below standard or adulterated:—

Nature of No. sample.		Nature of Irregularity.		Action Taken.
1	Milk	4%	deficient in Fat.	Cautioned.
2	Milk	4%	deficient in Fat.	Cautioned.
3	Milk	6%	deficient in Fat.	Cautioned.
4	Milk	4%	Extraneous Water.	No action. Test showed water not added.
5	Milk	15%	deficient in Fat.	Resampled. See No. 7.
6	Milk	4%	deficient in Fat.	Cautioned.
7	Milk	22%	deficient in Fat.	Prosecuted at Spalding Fined £1 and 10s. costs.
8	Milk	28%	Added Water.	Prosecuted at Long Sutton. Fined £5 and £2 2s. 0d. costs.
9	Milk	5%	deficient in Fat.	No action taken as the average of the two samples taken from different churns was above standard.
10	Milk	14½%	Added Water.	Prosecuted County Court. Fined £10 and 10s. costs.
11	Milk	1%	deficient in Fat.	No Action.
12	Milk	1%	deficient in Fat.	No Action.
13	Milk	9%	Extraneous Water.	No action—appeal to cow showed genuine low standard solids not fat.
14	Milk	11%	deficient in Fat.	No action—appeal to cow proved genuine.
15	Milk	10%	deficient in Fat.	Cautioned.
16	Milk	11%	deficient in Fat.	Cautioned.
17	Milk	4%	deficient in Fat.	Cautioned.
18	Milk	6%	deficient in Fat.	Cautioned.
19	Milk	20%	deficient in Fat.	No action—sold in sealed bottle as received—supplier followed up—see 23.
20	Milk.	4%	Extraneous Water.	Followed up—no proof that water was added.
21	Milk	9%	deficient in Fat.	Cautioned.
22	Milk	5%	deficient in Fat.	Cautioned.
23	Milk	20%	deficient in Fat.	Warned. Producer unable to get cake for cows.
24	Milk	20%	deficient in Fat.	Warned and resampled. Sample taken immediately after production.
25	Milk	8%	Extraneous Water.	Milk Fat 36% above standard, believed genuine. No action.
26	Milk	7%	Extraneous Water.	No action. Milk sold in sealed bottle as supplied. Supplier followed up.
27	Milk	7%	Extraneous Water.	As above. Same source.
28	Milk	6½%	Extraneous Water.	Supplier of 26 and 27.
29	Milk	6½%	Extraneous Water.	Producer followed up. See 29. Producer of 26, 27 and 28. No evidence that water was added—followed up.
30	Milk	32%	deficient in Fat.	Prosecuted in Boston Borough Court. Fined £2.
31	Sugar	Adulterated with 1.18% Ground Rice.		No action.
32	Tinned Salmon	Complaint as to crystals of glass.		Proved to be calcium phosphate crystals, a normal constituent of tinned salmon.

MILK (SPECIAL DESIGNATION) ORDERS, 1936-38.

1940 commenced with 28 Accredited Producers and one producer of Tuberculin Tested milk. At the close of the year there were 24 Accredited licences in operation.

The difference is accounted for as follows:—

One Tuberculin Tested producer and one Accredited producer ceased milk production. One Accredited licence was relinquished due to difficulty in obtaining reliable milkmen. One producer of Accredited milk left the district and one Accredited licence was revoked.

There were no new applications for licences during the year.

130 samples were taken during course of year.

A larger number of samples taken failed to pass the prescribed test than has previously been experienced and may be accounted for as follows:—

1. Farmers busier than usual with larger acreage of arable land and with smaller staff.
2. Experienced milkers of long standing deciding to leave their jobs and take up work that does not tie them to constant conditions such as those imposed by being milkmen, thus causing the producer to employ unskilled men or youths as a makeshift.
3. The black-out conditions also impose certain restrictions that tend towards lack of light for milking purposes.

BLIND PERSONS ACT.

The Boston and Holland Blind Society continued their good service through the county. The allowances were increased to meet the increased cost of living, and practitioners were asked to co-operate more closely by bringing to the attention of the Society any cases of need among blind persons. The Society were able to arrange for visitation, for library facilities, teaching of Braille handiwork and other similar occupational interests for any person whose sight was too defective for ordinary reading purposes.

The grant made to the Holland Blind Society by the County Council is now £2,900.

The following figures from the Society's Annual Report show the position regarding the registered blind:—

“On the 31st March, 1941, the number of Registered Blind Persons was 142, an increase of one on last year. Several new cases were of Old Age Pensioners referred to us on application for Supplementary Pension.

	Male.	Female	Total.
New Cases Registered	8	4	12
Death	2	5	7
Transfer in	1	0	1
Decertified (Three after successful cataract operations)	4	0	4

TABLE I.

Summary of present age periods. Age at which blindness occurred.

Age.	M.	F.	Total.	Age.	M.	F.	Total.
0—5	0	0	0	0—1	11	11	22
5—16	6	1	7	1—5	1	3	4
16—21	2	2	4	5—10	1	2	3
21—40	6	8	14	10—20	0	2	2
40—50	5	5	10	20—30	3	6	9
50—65	21	21	42	30—40	7	2	9
65—70	8	11	19	40—50	13	9	22
70 and over	24	22	46	50—60	15	16	31
	—	—	—	60—70	12	7	19
	72	70	142	70 and over	9	10	19

TABLE II.

Age period
unknown

0	2	2
—	—	—
72	70	142

In Table I it will be noted that only one-sixth are under the age of 40, and none are under 5 years, and more than three-quarters are over 50. By comparing Table II with Table I one can see the effect of work for the Prevention of Blindness by the different Health Services.

MENTAL DEFICIENCY ACTS, 1913-1938.

There has been no material change in the arrangements during 1940. Ascertainment has continued through the usual channels and the number of cases known to the Authority at the close of the year was 315, which is a slight increase on the figures for 1939. Statutory supervision has been ordered in 150 cases which are seen regularly by the Supervision Officers and any unsatisfactory conditions reported to the Committee. No cases were placed under guardianship. The Lincolnshire Joint Board for the Mentally Defective have offered every facility for dealing with patients requiring institutional care and on the 31st December, 1940, there were 115 cases under reception orders, of whom 6 were on temporary licence. Every opportunity is taken by the Medical Officer of the Joint Board, Dr. Laverty, to place patients in suitable employment.

The following table shows the position in the County as on 1st January, 1941:—

	Males.	Females.	Total.
IN INSTITUTIONS UNDER "ORDER".			
Under 16 years of age	6	5	11
Aged 16 years and over	42	54	96
ON LICENCE FROM INSTITUTIONS	—	1	1
UNDER GUARDIANSHIP	—	1	1
UNDER STATUTORY SUPERVISION	81	69	150
MENTAL DEFECTIVES IN RECEIPT OF RELIEF.			
(a) In Public Assistance Institutions (not approved under Section 37) ...	6	8	14
(b) In Approved Institutions	—	1	1
(c) Domiciliary	4	2	6
Cases under Voluntary Supervision	13	15	28

MENTAL TREATMENT ACT.

There is a clinic for early mental cases at the Lincoln County Hospital and cases can also be seen at the Bracebridge Mental Hospital. One temporary and four voluntary patients were admitted to the Bracebridge Heath Hospital during the year.

CIVIL NURSING RESERVE.

The work of training for and enrolment in the Civil Nursing Reserve made steady progress throughout the year. The Local Emergency Committee for the Nursing Profession, which is representative of the Hospitals, Red Cross and St. John Organisations, Women's Voluntary Services, etc., has met regularly to deal with matters affecting the service and we are indebted to them for their valuable assistance.

By the close of the year 323 applications had been received for training and registration as nursing auxiliaries ; of these 196 had completed their training and 224 had finished the first stage of training, i.e., first aid and home nursing.

The following table shows the state of the register on 31st December, 1940, since which time it has been augmented very considerably.

Category.	Mobile.		Immobile.		Totals.
	Whole-time.		Whole-time.	Part-time.	
Trained Nurses ...	...	6	13	9	28
Assistant Nurses ...	...	6	7	7	20
Nursing Auxiliaries—					
(a) directly recruited	4		9	57	70
(b) St. John ...	...	6	8	28	42
(c) Red Cross ...	...	2	11	71	84
	<hr/>		<hr/>	<hr/>	<hr/>
Totals ...	24		48	172	244

The allocation of mobile members is in the hands of the Regional Nursing Officer of the Ministry of Health. Civil Nursing Reserve personnel has been extensively used in the hospitals in the County both for whole-time and part-time work and a large percentage of the Reserve is attached to First Aid Posts for part-time duty.

ORTHOPAEDIC SCHEME.

The number of cases on the orthopaedic register shows a slight increase. The scheme also covers children in the Borough of Boston and there has been additional work on account of the reception of children from other areas. Miss Boyd, the Council's whole-time orthopaedic nurse, now deals with cases in the South of the County and Miss E. M. Cook, who was appointed in 1939 as a temporary masseuse, spends half time on domiciliary work in the Northern part of the County and the remainder at the County Emergency Hospital. The orthopaedic block at the County Emergency Hospital, Boston, has been continuously full and, in addition, a number of cases requiring long term treatment have been sent to other hospitals. The allocation of cases between the various services is shown below :—

	Adults	School Children.	Children under school age.
School Medical Service	—	98	—
Maternity and Child Welfare	—	—	105
Tuberculosis	39	30	4
*General Orthopaedic	52	—	—
	91	128	109

Institutional treatment was provided during the year as follows :

Tuberculosis	48 cases.
School Medical Service	40 ,,
Maternity and Child Welfare	31 ,,
*General Orthopaedic	21 ,,

* These figures refer to cases dealt with outside the other schemes.

VENEREAL DISEASES.

In the early part of the year the facilities for Venereal Disease treatment in the County were thoroughly reviewed with the idea of implementing the service. The movements of populations and the establishment of military camps gave cause for concern but, upon investigation, no increase in venereal disease was found in the County since the outbreak of war. New arrangements were made with the Medical Officers of the Forces, but no extension of the present clinic facilities was found to be necessary.

The Regional Medical Officers from time to time issue to the Health Department statistics concerning infections of service men reported to have been acquired in the County. The number of new cases is small ; they are all cases of gonorrhoea and we have good grounds for knowing where the associated reservoirs of infection live.

With compulsory powers of treatment, it is true that at times the innocent would be subjected to indignity ; on the other hand, as far as this district is concerned, a persistent nuisance could be dealt with efficiently.

**Abstract relating to persons treated at the Venereal
Diseases Treatment Centres.**

	Boston	Spald- ing	Peter- borough	Lynn	Total
A—Number of persons dealt with for the first time and found to be suffering from—					
Syphilis	10	4	—	—	14
Soft Chancre ..	—	—	—	—	—
Gonorrhoea ..	16	13	—	4	33
Conditions other than Venereal	25	33	1	3	62
Total	51	50	1	7	109
B—Attendances of all patients	1308	656	48	63	2075

Cases requiring institutional treatment have been dealt with in the Scarthoe Road Institution, Grimsby.

The following table gives the main statistics in connection with venereal diseases since the commencement of the scheme.

Year	Syphilis	Soft Chancre	Gonorr- hoea	Total Vener- eal Dis- eases	Dis- eases other than Vener- eal	Total New Cases	Total Atten- dances
1924	11	1	6	18	4	22	282
1925	11	1	24	36	14	50	1060
1926	8	Nil	23	31	7	38	1032
1927	10	Nil	13	23	6	29	1033
1928	7	Nil	22	29	6	35	1236
1929	13	Nil	29	42	3	45	1462
1930	19	Nil	37	56	15	71	2240
1931	14	Nil	29	43	17	60	2729
1932	16	Nil	28	44	25	69	2203
1933	19	1	32	52	13	65	2380
1934	16	1	51	68	31	99	2922
1935	52	1	74	127	36	163	3463
1936	15	2	65	82	44	126	5171
1937	30	Nil	46	76	32	108	4790
1938	21	Nil	55	76	34	110	3909
1939	20	Nil	57	77	35	112	2543
1940	14	Nil	33	47	62	109	2075

TUBERCULOSIS.

Normally the County of Holland contains one sanatorium which is adequate for the needs of the Tuberculosis service. We had already experienced a short-lived complete evacuation of patients at the outbreak of war, as the beds were needed for probable casualties. There were no air-raid casualties to deal with ; the opportunity was then taken to have a general " spring clean," chiefly to give the staff something to do and the sanatorium eventually re-opened for tuberculous patients.

It was not satisfactory to have to send patients to sanatoria 50 or 60 miles away ; most of them accepted the situation readily enough, the others went home and refused to return to the County Sanatorium. The problem was naturally linked up with the persistent shortage of available casualty beds in the general hospitals of the County.

The Sanatorium continued as such until July, 1940, and in that month it became the County Emergency Hospital, and it experienced a second evacuation of the tuberculous patients. The Hospital Officer of the Region obtained vacancies in other sanatoria and the patients were accordingly dispersed. Relatives experienced great difficulty, owing to the distance, in visiting the patients and in some cases the financial burden of travelling was an impossible one. One female patient died. Could the relatives be blamed for wishing the burial to take place in their own County ? After all, the patient had been transferred through no fault or wish of her own. Where was the financial machinery for this eventuality in the E.M.S. scheme ? It did not exist. Nevertheless the problem had to be solved locally, and it was done through the kind offices of the After-Care Committee.

It is becoming increasingly difficult to obtain beds for new cases ; sanatoria reasonably near to this County have long waiting lists and their own cases naturally have priority. It would be helpful if an Authority such as we are, completely devoid of sanatorium beds, could have from time to time access to figures showing where vacancies exist in other sanatoria. This would save the interminable round of letter writing with the well-known reply expressing regret. There is a type of case, mostly seen in casual

workers, the lodging house type, which should be dealt with by hospitalisation in appropriate hospitals staffed with male nurses. These patients, suffering from chronic lesions, find their way into the wards of Poor Law Institutions, where usually the isolation accommodation is very limited or non-existent. These patients are ill, the lesions extensive, sputum teeming with tubercle bacilli. The extent of the infection makes them unsuitable for sanatoria and their usually disgusting expectorant habits should debar them from being looked after by female nurses. Their numbers are few, their segregation would be helpful. Many, no doubt, are patched up in one county, stagger to another county, are repatched and eventually are lost sight of in lodging houses of an inferior type. On discharge from hospital, usually at their own request, their means of support being scarcely visible, they take to the road with open lesions and nobody can estimate the danger to the unfortunate community which is round the corner. Is it not time for this tuberculosis problem to be tackled with zest? The pundits assure us that the first year following sanatorium treatment is the critical one, the lessons learned of keeping well may soon be forgotten, the rules of hygiene flung overboard and for why? The man, because he has benefited the State by having a family to look after, resumes work too early and breaks down. He realises that sanatorium treatment in his case has merely improved his condition temporarily, he struggles on earning less and less and the quality of the house he lives in gradually sinks lower and lower. Gone indeed are the rules of hygiene when overcrowding and slums are forced into his life. The answer we may be told is in the gift offerings of public assistance. The answer should be if the man is well enough to work, a productive useful job in good environment should be available and, if he is not, a family allowance of adequate proportions, and freedom from financial anxiety. The war will make this problem more acute, so let the State master the situation. If colonies are successful, extend them, and eventually I have no doubt that mass radiography will find a most useful place in the minds of all communities. Fifty yards from where I write are two houses each containing an open case, the problem of rehousing is urgent, there are no houses available, building has ceased, or houses have been requisitioned for other purposes. The problem is hopeless, if their houses had a garden a hut could be provided; this with sputum boxes and milk grants would help, but no sanatorium would find accommodation for these unfortunate patients.

One artificial pneumothorax induction was performed during the year and 70 re-fills were given.

The following figures show the extent to which residential treatment was provided during the year 1940 :—

			In Institutions on Jan. 1	Admitted during the year	Discharged during the year	Died in the Institution	In Institutions on Dec. 31
Number of Patients	Adults	M.	10	30	30	5	5
		F.	6	31	21	6	10
	Children		6	32	30	1	7
	Total		22	93	81	12	22

Care Committee. This Voluntary Committee has continued its valuable work and the following is an extract from the report for the year ended 31st March, 1941 :—

“ The fears which were expressed in the last report as to the scope of the work which could be undertaken were happily unfounded and it has been possible adequately to maintain the service although the arrangements for the provision of convalescent home treatment still remains temporarily suspended.

The progress made in care work since the inception of the Committee in 1935 may be judged by the comparison that, in the first year, 58 cases were dealt with at a cost of approximately £90; whereas, during the year now under review, 110 cases were investigated and the expenditure amounted to £379.

The Committee have twice previously emphasised the necessity for providing suitable educational facilities for the children in the orthopaedic block of the County Emergency Hospital (formerly the Holland Sanatorium) and it had been hoped to remedy this by the Education Committee obtaining the Board's recognition of the hospital as a special school. Unfortunately it would appear that when the negotiations were reaching a final stage, war exigencies have led to their postponement. Valuable teaching help is still given, so far as circumstances allow, by voluntary workers.

The County is for the most part covered by representative members who may refer any cases which come to their notice as requiring assistance. In addition, the Executive Committee, either through their own members or the district representatives, always investigate cases referred to them by the Tuberculosis Officer and steps are taken to carry out his wishes as closely as possible. The following statement classifies the assistance given by the Committee during the year :—

- (a) milk allowances (approx. 2,370 gallons) and dairy products to 82 families ;
- (b) other food grants (groceries, meat, etc.) to 5 families ;
- (c) drugs and dressings in 2 cases ;
- (d) boots, clothing, etc., to members of 6 families ;
- (e) one grant towards cost of funeral expenses ;
- (f) monetary grant towards cost of dentures in 1 case ;
- (g) recommendations for re-housing made to appropriate authorities in 3 cases ;
- (h) miscellaneous—11 cases.

It will be seen that milk allowances form the major part of the assistance given. All cases have been reviewed from time to time and the Committee has continued to work in the closest collaboration with the Public Assistance Officer and the Relieving Officers whose help has been of the utmost value.

The Committee has been able on previous occasions to make special reference to the success of the sale and they are happy to report that the Seal Sale for 1940 was again an unqualified success. Mrs. Compton took over the organisation of the Sale and treasurership of the fund at short notice and, thanks to her enthusiasm and to the willing co-operation of cinema proprietors, voluntary organisations and helpers, a profit of £127 3s. od. was made and has been paid into the account of the Care Committee."

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Summary of Notifications during the period from the 1st Jan., 1940, to the 31st Dec., 1940, in the County of Holland, Lincs.

43

Formal Notifications															Total Notifi- cations
AGE PERIODS	Number of Primary Notificaions														
	0 to 1	1 to 1	5 to 5	10 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total (all ages)		
Pulmonary—															
Males ..	—	—	—	—	—	1	6	3 (1)	6	6	7 (1)	1	30	31	
Females ..	—	1	—	3	4	4	7	—	— (1)	—	—	1	20	20	
Non-Pulmonary—															
Males ..	1	—	7 (2)	2 (1)	2	2	—	1	1	—	—	—	15	15	
Females ..	—	1	2 (1)	1	1	1	1	—	—	—	—	—	7	7	

NOTE.—The figures in parentheses (7 in all) show the number of additional cases coming to the knowledge of the Medical Officer of Health otherwise than by notification under the Public Health (Tuberculosis) Regulations, 1930.

TUBERCULOSIS.

Return showing the work of the Dispensaries during the year 1940.

Diagnosis.	Pulmonary				Non-Pulmonary				Total				Grand Total		
	Adults				Children				Adults					Children	
	M	F	M	F	M	F	M	F	M	F	M	F			
A--Number of definite cases on Register at beginning of year	144	131	14	17	45	47	35	22	189	178	49	39	455		
B--Number of new cases diagnosed during the year.															
Class T.B. minus	5	7	—	2	2	3	12	3	7	10	12	5	57		
Class T.B. plus	15	7	—	1	—	—	—	—	15	7	—	1			
C--Number of cases in A and B written off during the year.															
Recovered	22	9	2	7	10	10	6	7	32	19	8	14	73		
Dead (all causes)	17	21	2	1	1	1	1	—	18	22	3	1	44		
Removed to other areas	5	2	—	1	—	2	1	—	5	4	1	1	11		
For other reasons	4	—	—	—	—	1	—	—	4	1	—	—	5		
D--Number of definite cases in Register at the end of the year	116	113	10	11	36	36	39	18	152	149	49	29	379		

RATS AND MICE DESTRUCTION ACT, 1919.

On 30/7/1940 the County Sanitary Inspector took over from the police the duties under the Rats and Mice Destruction Act. In March, 1941, on the representation of the War Agricultural Executive Committee, these duties were then delegated to the Local Sanitary Authorities with a view to enabling the Local Sanitary Inspectors to work in conjunction in their own areas with the Pests Officer appointed by the War Agricultural Executive Committee.

136 visits were made and at first it was found that the public were completely apathetic about the question of rats and mice and were obviously of the opinion that rats were everywhere and were one of the unfortunate but necessary evils of life and that one could not do much about it. However, the Inspector, by discussing the problem with the occupiers of infested premises and by supplying literature on the subject and, where possible, giving a demonstration of a safe and cheap method of gassing, gradually overcame this attitude, and once the occupier absorbed the idea that premises could be cleared and kept clear, useful co-operation took place with good results, so that the scheme finally had the effect of making people really rat conscious.

In some instances occupiers of premises actually volunteered the information that the premises were infested and asked for advice on the question of extermination. The County Council did not possess the powers to make payment for rat tails or for the free issue of rat baits and this was certainly a serious drawback.

